

NVL Laboratories, Inc.

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BATCH ID
 2406482.00
 Your project partner
 Sampling Data Sheet

**Asbestos, Lead, Mold & Other**

(Please Type or Print)

Client Name: P W JACKSON & ASSOCIATESProject#: 050504Job Location: RAINIER BREWERY

NVL Batch #: _____

Total Samples 3Results Needed By 3 DAYS

Company _____ Date _____

Sampled by: <u>P JACKSON</u>		<u>P W JACKSON & ASSOCIATES</u>	<u>5/11/04</u>
Relinquished by: <u>P JACKSON</u>			
Received by:			
Analyzed by:			
Reviewed by:			

Sample ID: <u>511-25-1</u>	Location: <u>TANK 46 CUTTING</u>
Sample Type: <u>AREA</u>	Activities:
Protection: <u>TYPE C</u>	Worker:
Decon: _____	Time: Start <u>10:40</u> Rate: Start <u>4.5</u>
Environment: <u>LIGHT SMOKE</u>	End <u>16:20</u> End <u>4.5</u>
Pump #: <u>1</u>	Minutes= <u>340</u> Average= <u>1530</u>
Date: <u>5-11-04</u>	Liters <u>1530</u> Fibers /fields _____ LOD _____ Fibers /cc _____

Sample ID: <u>511-25-2</u>	Location: <u>WINDOW CUT OUT</u>
Sample Type: <u>AREA</u>	Activities:
Protection: <u>TYPE C</u>	Worker:
Decon: _____	Time: Start <u>10:45</u> Rate: Start <u>4</u>
Environment: <u>LIGHT SMOKE</u>	End <u>16:29</u> End <u>4</u>
Pump #: <u>2</u>	Minutes= <u>344</u> Average= <u>4</u>
Date: <u>5-11-04</u>	Liters <u>1376</u> Fibers /fields _____ LOD _____ Fibers /cc _____

Sample ID: <u>511-25-3</u>	Location: <u>QA/QC</u>
Sample Type: _____	Activities:
Protection: _____	Worker:
Decon: _____	Time: Start _____ Rate: Start _____
Environment: _____	End _____ End _____
Pump #: _____	Minutes=_____ Average=_____
Date: _____	Liters _____ Fibers /fields _____ LOD _____ Fibers /cc _____

Sample ID: _____	Location: _____
Sample Type: _____	Activities: _____
Protection: _____	Worker: _____
Decon: _____	Time: Start _____ Rate: Start _____
Environment: _____	End _____ End _____
Pump #: _____	Minutes=_____ Average=_____
Date: _____	Liters _____ Fibers /fields _____ LOD _____ Fibers /cc _____

SAMPLE TYPES

P Pre abatement
 A Area
 I Inside reg. area
 O Outside reg. area
 H HEPA exhaust
 CL Clearance

X Aggressive clearance
 FB Field blank
 TB Trip blank
 B Breathing zone (TWA)
 C Ceiling (STEL)

RESP. PROT
 PA Pressure dem. air
 CA Continuous flow air
 PAPR
 F Full face mask APR
 M Half face mask APR

CONTROLS

DECON.
 D,S Decon. w/ shower
 D Decon. w/o shower

ENVIRONMENT
 H HEPA vac.
 N Negative air
 G Glovebag
 O Outside

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